

Parent's Name: _____		Today's Date: _____	
Child's Name: _____		Date of Birth: _____	

Parent CIS

This survey asks questions about how you think your child is doing overall. Please answer the questions on a scale from 0 to 4, with "0" being "no problem" and "4" being a "very bad problem." If the question does not apply to your child, just leave it blank.

		No Problem				Very Bad Problem
1.	Getting into trouble?	0	1	2	3	4
2.	Getting along with his or her mother?	0	1	2	3	4
3.	Getting along with his or her father?	0	1	2	3	4
4.	Feeling unhappy or sad?	0	1	2	3	4
5.	Behavior at school (or on the job, if not in school)?	0	1	2	3	4
6.	Having fun?	0	1	2	3	4
7.	Getting along with adults other than his or her parents?	0	1	2	3	4
8.	Feeling nervous or worried?	0	1	2	3	4
9.	Getting along with brothers or sisters?	0	1	2	3	4
10.	Getting along with other kids his or her own age?	0	1	2	3	4
11.	Getting involved in activities like sports or hobbies?	0	1	2	3	4
12.	Schoolwork (or job, if not in school)?	0	1	2	3	4
13.	Behavior at home?	0	1	2	3	4

Additional Comments: